

Managing health-related anxiety in cardiac rehabilitation

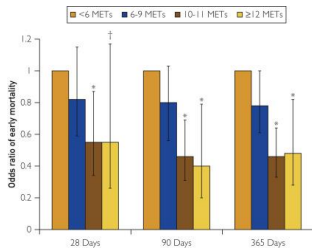
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Exercise-based cardiac rehabilitation decreases morbidity and mortality in patients with coronary artery disease (CAD)

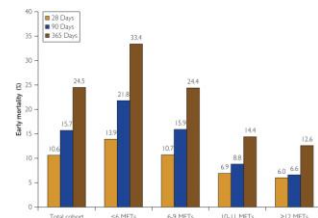
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Effect of exercise capacity on odds ratio of early mortality within 28, 90, and 365 days of incident myocardial infarction.

Mayo Clinic Proceedings 2016 91, 129-139DOI: (10.1016/j.mayocp.2015.11.012)

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Proportion of patients suffering early mortality within 28, 90, and 365 days of myocardial infarction stratified by exercise capacity category.

Mayo Clinic Proceedings 2016 91, 129-139DOI: (10.1016/j.mayocp.2015.11.012)

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Exercise has positive effects on risk markers, such as a reduction in total cholesterol and triglycerides, systolic blood pressure and improvements in quality of life.

BUT

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Patients with CAD often have doubts that physical activity can be performed safely, and consequently they may avoid physical activity and exercise.

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This fear can cause long-term avoidance behaviour, leading to negative physical and psychological health consequences.

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KINESIOPHOBIA

“an excessive and debilitating fear of movement and activity, resulting from a feeling of vulnerability to painful injury or re-injury”.

About 1 in 5 patients with coronary artery disease experience kinesiophobia after the cardiac event.

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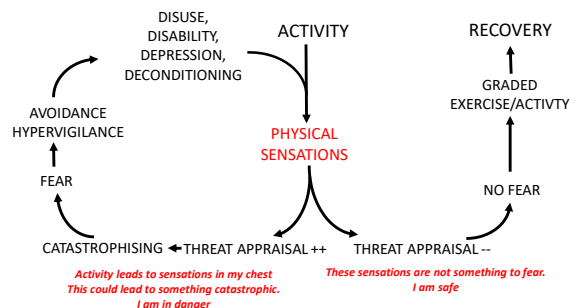
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Patients with higher Kinesiophobia:

- participate to a lesser extent in cardiac rehabilitation
- have lower levels of physical activity
- poorer muscle function
- Lower health-related quality of life
- higher degree of anxiety and depression

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Cognitive-Behavioural Therapy (CBT) for cardiac-related Kinesiophobia

- Case Conceptualisation and Patient Education
- Identify threat-focused beliefs
- Belief evaluation
- Graded exposure to physical activity

CASE STUDY: Steven

- Early 50s
- Heart attack in mid-2017
- “Out of the blue” - no premorbid health issues
- “I almost died”
- Referred for Physiotherapy and Clinical Psychology input in January 2018
- Return to work: physically demanding occupation
- Physiotherapist identified significant fear-avoidant behaviour

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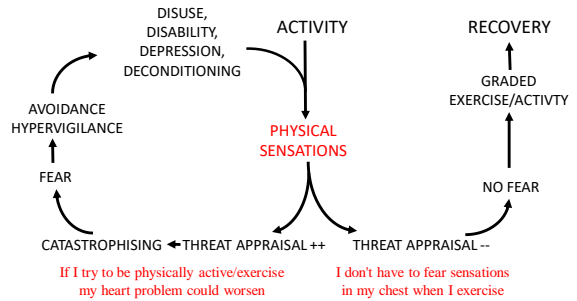
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Psychology assessment

Steven reports increased somatic hypervigilance and psychobiological stress reactivity to sensory input emanating from his chest.

This can affect his functioning in that he starts to worry about, and has the urge to cease and avoid, activity that elevates his heart rate.

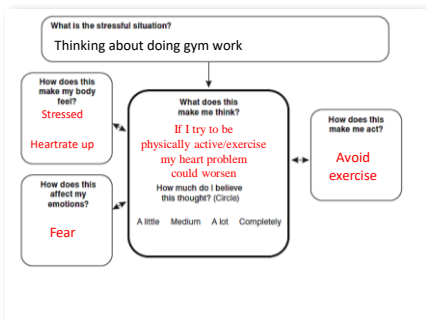
Steven has been informed that chest sensations are benign. He wants to believe this but continues to worry that the sensations indicate danger.



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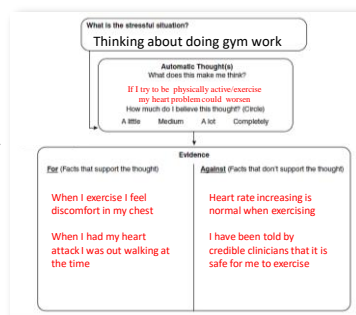
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Identify fearful beliefs

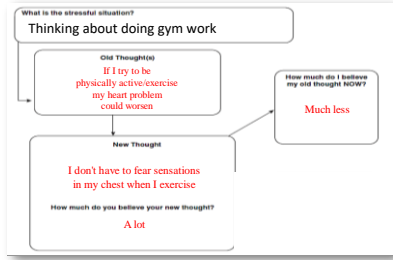


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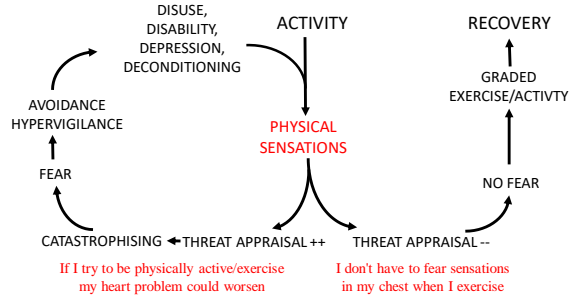
Evaluate the belief



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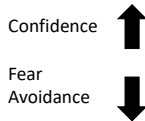


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Graded exposure to physical activity



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18/01/2018

Steven reports that he found the previous session very useful – it has helped him to make sense of his symptoms and restructure the meaning and explanation he attributes to them.

This is transferring to his physical programme, as he is feeling increasingly confident that exertion-related sensation is due to benign causal mechanisms.

26/01/2018

No new complaints, feeling more confident about the possibility of returning to work.

08/02/2018

Physiotherapy is also proceeding well and he is now confident that physical symptoms due to exertion are not associated with cardiac pathology.

10/02/2018

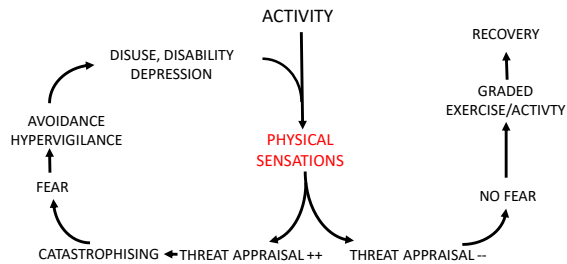
Started return to work

16/02/2018

Feeling confident to complete all work tasks as he needs to now. Return to full work duties

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